

DCFS SPECIAL MEALS REPORT (SM 1)

Form Instructions

(Issued draft)

Purpose

The purpose of this form is to comply with [section 1509 Special Meals, of the Division of Administration Policy \(PPM 49\)](#) and [section VII Special Meals of DSS Policy 1-14 Travel Regulations](#).

Preparation

1. **Date of Meal:** Enter date of meal.
2. **Estimated Cost of Meal:** Enter estimated cost of meal. The cost must be in compliance with [PPM 49 –Section 1509-C](#).
3. **Name and Title of Employee Requesting Meal:** Enter name and position/title of state officer or employee requesting authority to incur expenses and assuming responsibility for meal.
4. **Recipient's Name and Title:** Recipient is a person for whom a meal was purchased. Enter recipient's name and job title or group/organization's name. When recipient is a group or organization, a sign in sheet must be attached, (after the special meal has occurred).
5. **Estimated Number of Recipients:** Entered estimated number of recipients.
6. **Purpose of Meal:** Enter clear justification of the necessity and appropriateness of the request and why the meal is in the best interest of the state.
7. **Payment Method:** Choose a payment method (LaCarte, Purchase Order- bids may be required, Reimbursement - out of pocket) with an X.
8. **Signature of Person Completing Form and Date:** Enter name of person completing form and date.
9. **DCFS Department Head Signature and Date:** DCFS department head signature and date approval received. (Definition of Department Head is Secretary, Deputy Secretary, and Undersecretary)

Disposition

Immediately after a special meal has occurred forward the approved Special Meals Report (Word version, Adobe version) to DCFSTravel@la.gov along invoices, receipts and sign in sheet. "Special Meal" should be referenced in the subject line of the email.

